



DEPARTMENT
OF
HEALTH PROFESSIONS
6606 W. BROAD ST.
RICHMOND, VA 23230

Rev. 10/97

PHARMACY INSPECTION REPORT

Page 1 of 3

| | |
|------------------|------|
| DATE | TIME |
| MILEAGE | |
| INSPECTION HOURS | |

| | | | | | |
|--------------------|-------------------------|------------------------|--|-----------------|-----------------|
| PHARMACY NAME | | PHARMACY PERMIT NO. | | EXPIRATION DATE | |
| STREET ADDRESS | | CITY | | ST ZIP | |
| PHONE NO. () | STAFF | NAME (FIRST, MI, LAST) | | LICENSE NO. | EXPIRATION DATE |
| FAX NO. () | PHARMACIST IN CHARGE | | | | |
| HOURS OF OPERATION | LICENSED PHARMACIST | | | | |
| FROM TO | LICENSED PHARMACIST | | | | |

| AREA / QUESTION | YES | NO |
|---|-----|----|
| PHARMACY FACILITY: (Sec. 54.1-3314 / 54.1-3434) | | |
| 1. Required licenses properly displayed? | | |
| PHYSICAL STANDARDS FOR PHARMACIES: (Reg. 110-20-150) | | |
| 2. Pharmacist in charge in full and actual charge and fully engaged in the practice of pharmacy at this location | | |
| 3. Storage, compounding, and preparation area at least 240 square feet? | | |
| 4. Access to stock room, rest room and other areas separate from the dispensing area? (new pharmacies only) | | |
| 5. Facility maintain temperature between 59° - 86°F (Temperature) | | |
| 6. Counter work space used only for compounding and dispensing and necessary record keeping? | | |
| 7. Sink with hot and cold running water? | | |
| 8. Refrigeration for storage of drugs requiring cold storage (36° - 46°F) with monitoring thermometer maintained in dispensing area? (Temperature) | | |
| SANITARY CONDITIONS: (Reg. 110-20-160) | | |
| 9. Pharmacy clean and sanitary? | | |
| 10. Work counter space clean, sanitary, and orderly? | | |
| REQUIRED MINIMUM EQUIPMENT: (Reg. 110-20-170) | | |
| 11. Current copy of U.S.P. Dispensing Information? | | |
| 12. Prescription balance sensitive to 15 mg? | | |
| 13. Current copy of Drug Control Act and Board Regulations? | | |
| 14. Current copy of Virginia Voluntary Formulary? | | |
| 15. Laminar flow hood, if engaged in compounding any sterile products? | | |
| SECURITY SYSTEM: (Reg. 110-20-180) | | |
| 16. Sound, microwave, photoelectric, ultrasonic, or other generally accepted alarm device installed in each drug storage and dispensing area? | | |
| a. Device maintained in operating order? | | |
| b. Device fully protects immediate drug storage and compounding area? | | |
| c. Device has auxiliary power source? | | |
| d. Alarm system controlled only by the pharmacist? | | |
| PRESCRIPTION DEPARTMENT ENCLOSURES: (Reg. 110-20-190) | | |
| 17. Enclosure protect the controlled drug stock from unauthorized entry? | | |
| 18. Enclosure of sufficient height to prevent reaching over and gaining access to the drugs? | | |

| AREA / QUESTION | YES | NO |
|--|-----|----|
| 19. Entrances to enclosed area have a door which extends from floor and is as high as adjacent counter? | | |
| 20. Door have adequate locking device(s)? | | |
| a. Pharmacist in possession of any keys to locking device on door of enclosure? | | |
| b. Emergency key maintained in sealed envelope, signed by pharmacist and placed in safe or other secured place? | | |
| STORAGE OF DRUGS, DEVICES AND PARAPHERNALIA: (Reg. 110-20-200) | | |
| 21. Prescriptions waiting for pick-up stored in secured place outside of Rx department? | | |
| 22. Paraphernalia stored in area where pharmacist can exercise reasonable supervision? | | |
| 23. Expired drugs separated from stock used for dispensing and maintained in a designated area within prescription department. | | |
| DRUG INVENTORY AND RECORDS: (Reg. 110-20-240) | | |
| 24. Schedule II through V drug records maintained at pharmacy as stock of drugs to which records pertain for two years? | | |
| 25. Required inventories of Schedule II through V drugs: | | |
| a. Biennial inventory. | | |
| (1) Inventory date: | | |
| (2) Opening of business: | | |
| (3) Close of business: | | |
| b. If applicable; change of PIC inventories. | | |
| (1) Inventories: | | |
| Incoming | | |
| (i) Inventory Date: | | |
| (ii) Business Opening: | | |
| (iii) Business Closing: | | |
| Outgoing | | |
| (i) Inventory Date: | | |
| (ii) Business Opening: | | |
| (iii) Business Closing: | | |
| 26. Inventories and records of Schedule I and II drugs maintained separately from all other records? | | |
| 27. Inventories and records of Schedule III through V drugs maintained separately or with records of Schedule VI drugs? | | |
| 28. Receipt of Schedule II through V drugs dated with the actual date of receipt? | | |
| 29. Hard copy prescription maintained chronologically for 2 yrs. for each initial prescription? | | |

| AREA / QUESTION | YES | NO |
|--|-----|----|
| 30. Schedule II prescriptions maintained in a separate file? | | |
| 31. Schedule III through V prescriptions maintained in a separate file or stamped with a red "C" and filed with Schedule VI prescriptions? | | |
| 32. Schedule II prescriptions include: | | |
| a. Patient's address? | | |
| b. Practitioner's address? | | |
| c. Date? | | |
| d. Initialed by pharmacist? | | |
| e. Practitioner's DEA Number? | | |
| AUTOMATED DATA PROCESSING RECORDS FOR PRESCRIPTIONS: (Reg. 110-20-250) | | |
| 33. System provide retrieval of original prescription information? | | |
| 34. System provide retrieval or printout of dispensing history for two years? | | |
| 35. Verification of dispensing data: | | |
| a. Daily printout of data, bound log book, or separate file dated and signed by pharmacist? | | |
| PHARMACY REPACKAGING OF DRUG: (Reg. 110-20-260) | | |
| 36. Control records maintained one year or until expiration date of drug? | | |
| Record contains: | | |
| a. Name of drug(s) repackaged? | | |
| b. Strength of drug? | | |
| c. Quantity of drug packaged? | | |
| d. Initials of supervising pharmacist? | | |
| e. Manufacturer's or distributor's name? | | |
| f. Control or assigned number? | | |
| g. Expiration date? | | |
| 37. Repackaged drugs labeled as follows: | | |
| a. Name and strength of drug? | | |
| b. Manufacturer's or distributor's name and control or assigned number? | | |
| c. Proper expiration date? | | |
| TRANSMISSION OF PRESCRIPTION BY FACSIMILE MACHINE: (Reg. 110-20-280) | | |
| 38. Contain all required information of written prescription, including prescriber's signature? | | |

TO INSPECTION UNIT

PHARMACY INSPECTION REPORT – CONTINUATION – PAGE 2

Page 2 of 3

| AREA / QUESTION | YES | NO |
|---|-----|----|
| 39. Information on faxed prescription prior to faxing: | | |
| a. Documentation Rx has been faxed? | | |
| b. Date faxed? | | |
| c. Name, address, phone number, fax number of prescriber and pharmacy to which faxed? | | |
| DISPENSING OF SCHEDULE II DRUGS: (Reg: 110-20-290) | | |
| 40. Schedule II prescription filled after 6 mo. of issuance? | | |
| EMERGENCY PRESCRIPTION FOR SCHEDULE II DRUGS: (Reg: 110-20-290) | | |
| 41. Quantity dispensed limited to amount necessary to treat during emergency period? | | |
| 42. Written prescription on file and attached to emergency prescription? | | |
| PARTIAL DISPENSING OF SCHEDULE II PRESCRIPTIONS: (Reg: 110-20-310) | | |
| 43. Remaining quantity dispensed within 72 hours? | | |
| 44. Date of partial dispensing recorded on back of prescription? | | |
| 45. Quantity dispensed recorded on back of prescription? | | |
| 46. Remaining quantity authorized to be dispensed recorded on back of prescription? | | |
| 47. Initial of dispensing pharmacist? | | |
| 48. Total dispensed did not exceed total prescribed? | | |
| 49. Partial dispensing did not exceed 60 days from issue date? | | |
| REFILLING OF SCHEDULE III THROUGH VI PRESCRIPTIONS: (Reg: 110-20-320) | | |
| 50. Schedule III through VI prescriptions include: | | |
| a. Patient's address? | | |
| b. Practitioner's address? | | |
| c. Date? | | |
| d. Initials of pharmacist? | | |
| e. Schedule III through V prescriptions not refilled more than five times? | | |
| f. Schedule III through V prescriptions not refilled after six months? | | |
| g. Refills dated and initialed by pharmacist on back of prescription? | | |
| AREA / QUESTION | | |
| YES | | |
| NO | | |
| h. Schedule VI prescriptions not refilled after two years? | | |
| i. Full name of agent, if applicable? | | |
| LABELING PRESCRIPTIONS: (Reg: 110-20-330) | | |
| 51. Label contains the following: | | |
| a. Name and address of dispenser? | | |
| b. Serial number and date of prescription being filled? | | |
| c. Name of patient? | | |
| d. Name of prescriber? | | |
| e. Directions for use? | | |
| f. Trade or generic drug name and strength? | | |
| g. Number of dosage units dispensed? | | |
| PACKING STANDARDS FOR DISPENSED PRESCRIPTIONS: (Reg: 110-20-340) | | |
| 52. Prescriptions dispensed in special packaging? | | |
| UNIT DOSE DISPENSING SYSTEMS: (Reg: 110-20-420) | | |
| 53. Maximum back-up dose of one unit? | | |
| 54. Record maintained for one year showing: | | |
| a. Date of filling of drug cart? | | |
| b. Location of drug cart? | | |
| c. Initials of person filling cart? | | |
| d. Initials of pharmacist checking drug cart? | | |
| 55. Record of dispensing recorded on profile record or medication card at time of dispensing? | | |
| 56. Profile records or medication cards containing Schedule II through V drugs maintained for two years? | | |
| 57. Not more than a seven-day supply of a drug dispensed to a hospital or LTC facility where person licensed to administer are administering drugs? | | |
| 58. Not more than a 72 hr. supply of a drug dispensed to a LTC facility in which unlicensed person administers drugs? | | |
| DISPENSING OF SCHEDULE V DRUGS WITHOUT Rx: (Sec. 54.1-3416) | | |
| 59. Record of dispensing include: | | |
| a. Date of dispensing? | | |
| AREA / QUESTION | | |
| YES | | |
| NO | | |
| b. Name and quantity of drug dispensed? | | |
| c. Name and address of person to whom drug was dispensed? | | |
| d. Initials of pharmacist dispensing drug? | | |
| DISPENSING CONTROLLED PARAPHERNALIA: (Sec. 54.1-3468) | | |
| 60. Dispensed by Pharmacist? | | |
| 61. Record of dispensing include: | | |
| a. Date of dispensing? | | |
| b. Name and quantity of device, items, or substance? | | |
| c. Price sold? | | |
| d. Name and address to whom device, item, or substance was sold? | | |
| e. Reason for purchase? | | |
| f. Initials of pharmacist dispensing device, item, or substance? | | |
| REQUIREMENTS FOR CONTINUING EDUCATION: (Reg: 110-20-90) | | |
| 62. Original C.E. documents contain: | | |
| a. Date? | | |
| b. Subject of program or activity? | | |
| c. CEU's or contact hrs? | | |
| d. Certification from approved provider? | | |
| 63. C.E. documents maintained for 2 yrs. | | |
| COUNSELING: (Sec. 54.1-3319) | | |
| 64. Offer to counsel made by: | | |
| a. Face to face? | | |
| b. Posted sign? | | |
| c. Notation affixed to Rx counter/bag? | | |
| d. Telephone? | | |
| 65. Record maintained to include failure to accept offer to counsel? | | |

REMARKS / DOCUMENTATION

PHARMACY INSPECTION REPORT – CONTINUATION – PAGE 3

Page 3 of 3

REMARKS / DOCUMENTATION, CONTINUED

| | | | | | | | | | | |
|---|----------------|----------------------------|--------------------|----------------------------|--------------|--------------------------------|------------------|----------------------------|------------|----------------------------|
| ACTION TAKEN: | | | | | | OTHER (SPECIFY) | | | | |
| <input type="checkbox"/> 1 | NEW INSPECTION | <input type="checkbox"/> 2 | ROUTINE INSPECTION | <input type="checkbox"/> 3 | REINSPECTION | <input type="checkbox"/> 4 | DRUG DESTRUCTION | <input type="checkbox"/> 5 | DRUG ADULT | <input type="checkbox"/> 6 |
| ACKNOWLEDGEMENT: | | | | | | | | | | |
| This facility has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report. | | | | | | | | | | |
| SIGNATURE - INSPECTOR (DEPT. OF HEALTH PROFESSIONS) | | | | | | SIGNATURE - PHARMACIST ON DUTY | | | | |
| DATE | | | TIME OF EXIT | | | TITLE OF AUTHORIZED INDIVIDUAL | | | | |